## Foster Family Home - Corrective Action Report

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA Review ID: 1-511289-9

91-1060 Hamana Street Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 1/5/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred

Compliance Manager

Primary Care Giver

Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:	Erlinda	D	Ortal
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(PLEASE PRINT)

COFFH Address: 911060 Hamana St. Ewa Beach 4 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
77-1	Clarified order with Doctor and RN Notified to change MAR according to the Pharmacy lakel		In the near future that this won't hazzure again; Chiek carefully Doctor's order, MAR and Pharmacy laked before giving mediculi
1 1		ا د (۱۶۵) ۱	Carefully check Doctors order and Phen many label if they are the same behave Siving to the client.

All items that we	ere fixed are attached to this CAP	
	belinde Ofal	1/12/2021
PCG's Signature:	- Lunde Vital	Date: